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10	X	ate
7	CIANS should state CAUSE OF DEATH In plain terms so that it may be properly elgesified. Exac	statement of OCCUPATION is very important. See instructions on back of certificate.
- 5		

STATE OF MARYLAND PLACE OF DEATH County Frederick CERTIFICATE OF DEATH Registration Dist. No. 13/ (If death occurred in Ward) a hospital or institution, give Its NAME innumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SSINGLE. 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED (Write the word) (Day) (Month) That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) 7 AGE IIf LESS than and that death occurred on the date stated above, I day hrs. The CAUSE OF DEATH # was as follows; ds. or min.? B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF *State the I is use Causing Death, or, In deaths from OF FATHER ENT Violent Causes, state (1) Means of Injury and (2) Whether (State or country Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER State. of death. (State or Country) Where was disesse contracted. if not at place of dea.h?..... Former or usual residence (Informant) PLACE OF BURIAL OR REMOVAL (Address) If more banks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the business, that fact may be indicated thus; Farmer (reg: ged in domestic service for wages, as Scrvant, Cook ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tle first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons For many occupations a or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation If the occupation has been changed single word or term on

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(clanus) may be stated under the head of "contributory." as fracture of skull, and consequences (c accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease approved by Committee on carbolic acid - probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory affection valirular heart Nomenclature of the need discase; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10745
1. PLACE OF DEATH	(8) E)
country Frederics	Registration Dist. No. 140.
Village or Chy Woodslow	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME Suraum Elizabeth	Beard
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sept., (Day) (Yeer)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I ettended degreesed from
6. DATE OF BIRTH (month, day, end year) Sept. 2. 1847 7. AGE Years Months Deys If LESS than 1 dey, hrs.	to have occurred on the date stated above, et 3. 9. 9. 19. 1; death is said to have occurred on the date stated above, et 3. 9. 7. 19. 1. 19. 19. 19. 19. 19. 19. 19. 19.
8. Trade, profession, or particular	were es follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupetion (month end yeer) 11. Total time (yeers) spent in this occupation.	arterio-seleroses 1920
12. BIRTHPLACE (city or town) 27/1. (State or country)	Other Contributory Causes of importence: Cerelinest Clerombons aug 1
13. NAME Selemon Beard	1931
13. NAME Salerron Search 14. BIRTHPLACE (city or town) MA. (State or country)	Name of operation Date of
(State of Country)	Whet test confirmed diagnosis? Was there en aulopsy?
15. MAIDEN NAME Margaret Cyler 16. BIRTHPLACE (city or town) (State er country)	23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT (Address) Shoodsboo, Myd,	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL PIECE POCKY ALL Date Sept 13, 1931	Menner of injury
19. UNDERTAKER Powell & albanghe (Address) It was for the March	24. Was disease or injury in any way related to occupation of deceased? 720 If so, specify
20. FILED 7/13 , 193/ Registrar.	(Signed) Lacety Alles M. D. (Address) Lebuy M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:			
Arterioscierosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH County Frederick WITHIN CORPORA	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 14/
Village or City & Musmik (No	St: Ward) Siddinger Siddinger (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCEO (Write the word)	(Month) (Day) (Year)
Jeb 9th, 1856 (Month) (Day) (Year)	that I last saw h a alive on state 7, 1923,
7 AGE If LESS than I day	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	atrix-Solusies
business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Chikors Hosmange
10 NAME OF FATHER David Bildinger 11 BIRTHPLACE OF FATHER (State or country) Mary Land	(Signed)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	Accidental, Suicidal or Homicidal. 18 LUNGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
(Informant) And C. C. arter	Former or usual residence
(Address) Brusnik Md.	Braunsville Md. Date of Burial
Filed Sept 18 193/ Mus Hrs Hedges	20 UNDERTAKER ABON MUSNik M
If more banks are needed, address that Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) work, or At Home, and children, not gainfully emsary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a Spinner, additional line is provided for the latter statement; it Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf ployed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman. specifically the occupations of persons en-(b)For persons who have no occupation Automobile factory. The material (6) Grocery,

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia");

> as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid st_ted unless important. Example: Measles (disease tions, such as "Asthenia," "Anaemia" (merely symptom-atic), "Atrophy." "Collapse," "Coma," "Convulsions," use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, acaident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. (Recommendations on statement of cause of Never report mere symptoms or terminal condicough; Chronic etc. valvular heart disease; Always qualify all The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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S. No.

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PLACE OF DEATH	STATE OF MARYLAND
County Oraclas	23 CERTIFICATE OF DEATH
I It + 8 to	Registration Dist. No. / 3 9
Village or City La Le Dan Noavo um	St.: Ward) a hospitel or institu
2FULL NAME Marie T.	Bollen tion, give its NAME in stead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white Single, Married, Widowood, OR Divorced (Write the word)	16 DATE OF DEATH
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1923 to Sept 30, 1923 that I last saw h W alive on Sept 30, 1923
7 AGE Syrs. 5 mos. 2 ods. If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 4:45 7: m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Culmonary Interculosi
basiness, or establishment in which employed or (employer)	(Durstion)yrsmosde.
9 BIRTHPLACE (State or country) Wayland,	Contributory Secondary (Deration) yrs. A
10 NAME OF FATHER Frederick Bohlen	(Signed) Slwwt D. M. D. All 30 1983! (Address) Late Sandown h
OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER heresa Schmlight 13 BIRTHPLACE OF MOTHER Waruland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs 5 mos, 3 ds. State yrs mos ds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Walsardner	Former of usual residence Varis Lane, Colgate, Balto Co
(Address) State San Journ ma	Baltimore mg unimour
Filed 9/30/3/192 Registrar	M-L. Creager Thurmont
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

107A7



(Approved by U. S. Census and American Public Health Association.)

nature of the business or industry, and therefore an additional line is provided for the latter statement; it Physician, Campasilor, Architect, Locomative engineer, Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Hame, and children, not gainfully employed, as At schaal, ar At home. Care should be taken definite salary), may be entered as Hauscwife, Hauselaborer, Farm labarer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Fareman, Spinner, (b) Caltan mill; (a) Salesman, (b) Grocery; (a) Fareman, (b) Automabile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, whatever, write Nane. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Labar pneumania, Branchapneumonia ("Pneumonia,"

causing death), 29 ds.; Branchapncumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL pertlanitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chranic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men's approved by Committee on Nomenclature Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound af head-homicide; Paisoned by Examples: Accidental drawning; Struck by railway trainor as prabably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whaoping cough; American Medical Association.) perilanaeum, etc., Carcinoma, Sarcama, etc., of Never report mere symptoms or terminal condi-Chranic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1. PLACE OF DEATH		-CERTIFICATE OF DEA	10140
County Freder	iek	Registration	Dist. No. 134
Village or City	intoling ,	No.	St Wa
Length of residence in city or to	wn where death occurred 44 yrs.	(If death occurred in a hospital or institution, give its NAME mos	E instead of street and number)
2. FULL NAME Jose	the Brance		
(a) Residence: No.		St., Ward.	
BEBEONAL AND CT	(Usual place of abode)		give city or town and State
3. SEX 4. COLOR OR I	ATISTICAL PARTICULARS ACE 5. SINGLE, MARRIED, WIDOWEI	MEDICAL CERTIFICATE	OF DEATH
wale whi	OR DIVORCED (write the word	Month	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of	0	22 A LHERERY CERTIES	Y. That I attended deceased fro
(or) WIFE of		Dipl 8 19 1 to 8	511-0
6. DATE OF BIRTH (month, dey, and ye	er) 18°	1 Hast saw h un attre on Seft	4 8, 19 31 ; death is sa
7. AGE Yeers N	onths Days If LESS that 1 day,		N m.
60	ormin,	The PRINCIPAL CAUSE OF DEATH and related cause were as follows:	es of Importance
8. Trade, profession, or particular kind of work done, as SPII SAWYER, BOOKKEEPER, etc.	INER, Laborer	Perebral Nem	ontin to de
9. industry or business in which			ag ag
work was done, as SILK MI SAW MILL, BANK, etc	11. Total time (years)		
this occupation (month and year)	9/5/3/ spent in this occupation		
12. BIRTHPLACE (city or town)	1. a turchtatour	Other Coatributory Causes of Importance:	
(State or country)	Pa.	Orteno-sodes	osis 2 /c.
13. NAME John	J. Browner		
4 14. BIRTHPLACE (city or town)	β	Name of operation	Date of
(State or country)	Tems.	What test confirmed diagnosis?	Wes there an autopsy?
15. MAIDEN NAME Wa	ry a. Teldicord	23. If death wes due to external causes (VIOLENCE) fill	
16. BIRTHPLACE (city or town) (State or country)	leuna.	Accident, suicide, or homicide? [Where did Injury occur?	Date of injury, 19
17. INFORMANT LUIL	Bourses		town, county and State) ME, or in PUBLIC PLACE.
(Address)	mutoling rud		
18. BURIAL, CREMATION, OR REMOVA	1 rul Date 9/11 10	Manner of injury	*****
74.7	- KP 000	Nature of injury	· · · · · ·
19. UNDERTAKER (Address)	intobale I wel	24. Was disease or injury in eny way related to occupa	ayon of deceased?
20. FILED Sept 10, 1931	M. FSQ M	(Signed) Proble (Jameson M.
20,110,000	Registra	(Address) monto	and The

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exan	iple I		Example II	
The principal cause of death of importance were as follows	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	UCT NO	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
	BURLATI	Val		
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		5 1 1		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ARGIN RESERVED FOR BINDING

V. S. No. 1

10749

1.	PLACE OF	F DEATH					74.0		101	
	County	Frederick			Wish.		(167)	Registration D	Dist. No. / 2/	***************************************
Village or City Frederick					No.		itution, give its NAME f of foreign birth?			
2.	FULL NA	ME Charles Hece: No. 474 W. S	enry Sout	Bruch	ey.	St.,	Ward.		ive city or town and	
etha.	PERSON	AL AND STATIST					MEDICAL	CERTIFICATE		
3. S		4. COLOR OR RACE White	5. S1	NGLE, MARR	IED, WIDOWED, (write the word)	21. DATE	OF DEATH		r 20th.	1 • 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie A. Ainesworth.					22. I HEREBY CERTIFY. That I attended deceased from to to the strength of the				deceased from	
6. D			et.	15, 18 Days	76 If LESS than 1 dey,hrs. ormin.	to have occur	red on the date sta	Sept. 19-	OP, 1937	
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, Truck Driver SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and spent in this				Swicide.					
12.	BIRTHPLACE (cit (State or cour	Mary or town)	ylan	00001	pation	Other Coutrib	outery Causes of im	nportance:		
ER	13. NAME Vim.	D. Bruchey	•						*********	
FATH	14. BIRTHPLACE (State or	(city or town)country)						one:		
MOTHER 17.	15. MAIDEN NAME Lillie Layman. Maryland				23. If death wa Accident, suic	is due to external coide, or homicide? Jury occur? A.C.	causes (VIOLENCE) fill Suicide D Lawre 474 (Specify city or to the In INDUSTRY, in HON	in elso the following the of injury Sep (W. South Sep) own, county and State, or in Public Pl	t2019_31_	
18.	18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem. Fred Date Sept. 22, 19 31 19. UNDERTAKER M. R. Etchison & Son. (Address) Frederick, Md. 20. FILED 21-Sept. 19 31 ora form Claudy Registrar.					Manner of injury Shat Gum. Nature of injury The left Side of face form off				
						If so, specify (Signed)	Address) 203	wey related to occupate of the second of the	- 1-87 Berdues	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street ear	1 week ago	
July 5,1927	Peritonitis	3 days ago	
May 1 1923	Other contributory causes of importance:	1 year	
11149111000	h	* your	
	Pate of onset 1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis	

ADDITIONAL SPACE FOR F	FURTHER S	STATEMENTS	BY	PHYSICIAN
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	10750
County Tuelinek	/ Houstiding Dist Mu
Village or City Frederick (No. 22,8 2 FULL NAME abolionia Burg	E. 2nd St.; Ward) [If death eccurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fuu Who widowed with word	16 OATE OF DEATH Light. / 2 3/ ,191 (Month) (Day) (Year
6 DATE OF BIRTH 9 27 183	HEREBY CERTIFY, That I attended deceased fro
7 AGE (Month) (Day) (Yea If LESS the 1 day, h	and that death occurred on the date stated above, at
OCCUPATION (a) Irade, profession, or particular kind of work (b) General nature of Industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Myo causalio Chron, c
10 NAME OF FATHER JOS. Brenner. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Elizabeth Burket	(Signed) Childes J, Joseph Jrs. mes. (Signed) Line Signed J, Joseph J, Messey State the Director Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homocidal.
of Mother Elizabeth Burke 13 BIRTHPLACE OF MOTHER (State or country) Mary Land 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At pisce la the of death
(Address) Tredanich Mid	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS
Filed F. 1917 REGISTRAR	" 2/a m & 6 T 7 1

BINDING

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[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, wife, Housework, or At Home, and children, not gainfully write None. Housemaid, cte. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Automobile factory. The material worked on may form part "Foreman," "Manager," "Dealer," etc., without more of the second statement. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. Cool mine, etc. Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-Compositor, Architect, For persons who have no occupation whatever Women at home, who are engaged in At home. Care should be Never Locomotive engineer, rcturn If retired from The question "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopmeumonia ("Pneumonia," meningitied. is indefinite); Tuberculosis of lungs, meninginal preumonia is indefinite);

and consequences (e. g., sepsis, tetanus) may be stated on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerpenal septichaemia," "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy,
"Convulsions," "Debility" etc., when a definite disease can be ascertained as the genital," "Senile," etc.), symptonis or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Tunior" for mulignant neoplasmis); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound Always qualify all diseases resulting from child-The contributory (secondary or intercur-"Dropsy," Never report mere "Atrophy," "Exhaustion, acid-probably ("Con-

If this certificate is looked over thoroughly and all quations answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10751
1. PLACE OF DEATH.	(36)
County Tre derick	Registration Dist. No. 131
Village or City Woulevur Hospital	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
6. 43	
(a) Residence: No. Neur Marlock Mid	St. Ward.
(d) Residence: No. Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Single	21. DATE OF DEATH Month (Oay) (Year)
5a. If marriad, widowed, or divorcad HUSBAND of	22. I HEREBY CERTIFY. That I attended deceasad from
(or) WIFE of V	any 4 , 1931, 10 Sept 28, 1931
6. DATE OF BIRTH (month, day, and year)	I last saw him Jaliva on Sept 28 193/; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 14.30Q, m.
about 78 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance wera as follows:
8. Trede, profession, or particuler kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc. 4000 Salvier 9. Industry or business in which	M
work was done, as SILK MILL, SAW MILL, BANK, atc.	auest v
10. Date dacaased lest worked at this occupation (month end spant in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town). Wary and	20
(State or country)	Chrom parentlyland
13. NAME Worthungton Sungles 14. BIRTHPLACE (city or town) Waryl and	Mafferetus
[14. BIRTHPLACE (city or town) VM arry arry (State or country)	Name of operation
	What tast confirmed diagnosis?
15. MAIOEN NAME ama Marie Vierter baber 16. BIRTHPLACE (city or town) - Warsland	Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Sames a Jones Sund. (Address) On onter a Hondo, Turburdo Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Revo Machet Data Sept 29, 1931	Manner of injury
19. UNDERTAKER A.E. Falcoster (Address) New Market Md	24. Was disease or Injury In any way raiatad to occupation of deceased?
20. FILED 28 Sep 1, 1931 Amtering	(Signed) Officeries, M.D. (Addrass) Anderies, Md.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

8. S. No. 1

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be seled EXACTLY, PHYSI- be properly classified. Exact k of certificate.	-
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BEvery item of information should be carefully supplied ACE should be sailed EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	3 6 7
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PLACE OF DEATH	10752 STATE OF MARYLAND
County Frederich	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Juddle torm (No.	St: Ward) (If death occurred in a hospitul or Institution, give its NAME in-
2 FULL NAME Warrel Le Busse	f stead of street and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX A COLOR OR RACE SHINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH July 17 , 1835: (Month) (Day) (Year	that I last saw h alive on 192
7 AGE [If LESS than	and that death occurred on the date stated above, at 100 fm.
l dayhrs.	The CAUSE OF DEATH * was as follows:
(yre. d mos. ds. or min.)	Merchal Hemonton
(a) Trade, profession or Retired Farmer	Courted White
particular kind of work Aurua Farmer (b) General nature of industry	1
business, or establishment in which employed or (employer)	(Duration) yra do.
BIRTHPLACE (State or country) Marry land	Geordier Charles Control of Contr
10 NAME OF Peter H Bussard	(Signed) / Address) Are deces led
State or country) (Maryland	*State the Disrase Causing Death, or, in deaths from Violent Lauss, state (1) Means of Injury and (2) whether Accidents, Suicidal or Homicidal.
of MOTHER Charlatte Gurfma	18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Trans-
18 BIRTHPLACE OF MOTHER (State or country) Mary Lund	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Emary Bussaic	usual residence
(Address) Concincutti Chig	middle tours and Deft 19, 1931
Filed Hall 9 181 January Registra	Le y H Madhell middle town
If mora blanks are needed, address State Registra	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health the first line will be sufficient, a.g. Farmer or Planter, Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesstate occupation at beginning of illness. If retired from er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton should be used only when needed. As examples: (a) nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Servant, Cook, to report ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Housemaid, etc. If the occupation has been changed Foreman, engineer, Stationary fireman, etc. But in many For many occupations a single word or term on or At Home, and children, Farm laborer, Laboreryrs). without more precise specification as Day Compositor, Architect, Locomotive engineer, specifically the occupations of persons (b) Automobile fectory. The material For persons who have no occupation mill; (a) Salesman. -Coul nine, etc. not gainfully em-(6) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"; "phoid fever (never report "Typhoid Pneumonia"; cobar pasetrionia, Bronchopneumonia ("Pucumonia,"

stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senilc," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephrilis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) as fracture of skull, and consequences (e.g., sepais, tetanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUIGIDAL, or HOMICIDAL. approved earbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely State cause for which surgical operation was under-(Recommendations on statement of cause of American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Nomenclature Example: Measles (disease affection need not be etc. The nature of the injury valvular heart The contributory

If this cartificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A ithe data is essential and must be obtained before the cartificate is permanently filed.

BINDING

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

11	16754
PLACE OF DEATH	STATE OF MARYLAND
County trederick	CERTIFICATE OF DEATH
1+11	Registration Dist. No. 139
Village or City State Samoalow	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Dante	tion, give its NAME in- atead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
male white (Write Hoord)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Sent 20,919	May 2 1923/10 Slyst 27, 1983/
(Month) (Day) (Year)	that I last saw h malive on Alga L. J., 19231,
7 AGE If LESS than	and that death occurred on the date stated above, at
I dayhrs	
yrsds. ormin.;	10 December 1
a) Trade, profession or	Jummary Juvacce 203
particular kind of work (b) General nature of industry	
business, or establishment in	(Duration) yrs. mos. ds.
Which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Wary land	Secondary Duration
10 NAME OF 1.	Alumbi & Maller
FATHER Tincent Chiodi	(Signed) JUNUM AT TO M. D.
UN 11 BIRTHPLACE OF FATHER	1 1983! (Address) & Call Banaloum
Z (State or country) X Cally	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Mary Crimi	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	At place H 25. In the Lefetime
OF MOTHER (State or Country)	of death yrs mos ds. State free mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) W. a. Gargher	Former or usual residence 4310 Syrungword ave. Bal G
(Address) State Saft Gatorini Me	Baltimore Md. DATE OF BURIAL MANNEY
15 - 11 100	20 UNDERTAKER ADDRESS
Filed 192 Registrar	M.L. Creager Vhurmon
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the (b) engineer, Grocery,

Statement of Cause of Death—Name, first, the DIS.

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal the causation of the same disease. Examples: Cerebrospinal spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of death approved by Committee on telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH 000 Registration Dist. No 131 tom of phone (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_ ement SICIAN 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) NEN (Day) (Month) (Year) BINDING classified 5a. If married, widowed, or divorced HUSBAND of ERTLEY, That I attended deceased from 1 HEREBY 22. (or) WIFE of 6. DATE OF BIRTH (month, day, end yeer) certificate properly 7. AGE Davs If LESS than Years Months to have occurred on the date stated above FOR stated 1 day, ____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were as follows Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, TON RESERVED SAWYER, BOOKKEEPER, etc. may 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc..... CC 10. Date deceesed last worked at 11, Total time (years) this occupation (month and spent in this that year) _____ occupation instructions Other Contributory Causes of Importance RGIN 12. BIRTHPLACE (city or town) (State or country) supplied. terms. FATHER 13. NAME See Name of operation 14. BIRTHPLACE (city or town) plain (State or country) be carefully MOTHER 15. MAIDEN NAME important. 23. If deeth was due to external causes (VIOLENCE) fill in elso the following III Accident, suicide, or homicide?______ Date of injury_______ 19. DEATH 16, BIRTHPLACE (city or town (State or country Where did injury occur? ___. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE, should very (Address) CAUSE OF 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury ..., 193. / mation Nature of Injury LION 24. Was disease or injury way related to occupation 19. UNDERTAKER (Address) If so, specify (Signed) (Address) Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory course fi	
Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example, I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis?	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	H OCT 6 1931	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrit	ids	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	TRUBERAL PAR	July 5,1927	Peritonitis	3 days ago	
	79	1			
Other contributory caus	ses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		1		1	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10	758
Village or City 717 sold to these	No. St., death occurred in a hospital or institution, give its NAME instead of street and nu	2. Ward
Length of residence in city or town where death occurred 1 Zyrs, mos. 2. FULL NAME Glara Elizabeth blerr		ds
(a) Residence: No. (Usual place of abode)	St., Ward. If wonresident give city or town and St	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, You or DIVORCED (write the word)		193. (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hamil Here	22. SI HEREBY CERTIFY That I attended de	ceased Iron
DATE OF BIRTH (month, day, and year) Feb 26 1931	I last saw h. CA. alive on Sept 20,1931;	death is sai
AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 4.30.4m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, prolession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Cerebral Neworkage	8,1,
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Como and Como and	31
year) occupation 2. BIRTHPLACE (city or town) A	Other Castributory Causes of importance;	
13. NAME William Kefiler	Δ	
14. BIRTHPLACE (city or town). (State or country) Wary Land	Name of operation Date of What test confirmed diagnosis? Was there an aut	opsy?
15. MAIDEN NAME AMMA Beachley 16. BIRTHPLACE (city or town) (State or country) Mary Land	23. II death was due to external causes (VIOLENCE) fill in also the Iollowing: Accident, suicide, or homicide?	
7. INFORMANT Leillian Ray (Address) middlown and	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC)E.
8. BURIAL, CREMATION, OR REMOVAL Place Middltum Date Sept 33, 1931	Manner of injury	
9. UNDERTAKER & T/1 Gladbill (Address) maddle touge and	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Sept 231931 D. Trayport Deliced	(Signed) The Holp	m. s

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the dcceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	•	
Gausiones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No.

1

County of redrick	CERTIFICATE OF DEATH			
lt t l to.	Registration Dist. No. 135			
2FULL NAME James W. D.	St.: Ward) (If death occurred in a hospital or institution, giva its NAME instead of a street and number.)			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Married Wildows OR DIVORCED (Write the word)	16 DATE OF DEATH 29, 19\$3 (Month) (Day) (Year)			
6 DATE OF BIRTH Feb 4, 1875 (Month) (Day) (Year)	that I last saw h Maliva on South 29, 1983,			
7 AGE	and that death occurred on the date stated above, at 1:451:m.			
6 6 yrs. 7 mos. 25 da. or min.?	The CAUSE OF DEATH * was as follows:			
B CCUPATION B) Trade, profession or Clothes Marker particular kind of work	(Intmonary Intercutosis)			
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsds.			
9 BIRTHPLACE (State or country) Maryland,	Contributory Secondery A T (Durdion) Ayre mee de,			
10 NAME OF John. W. De Shon	(Signed) Sleward S. Shaffer M. D.			
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether			
of MOTHER RIVECCA COPPLER	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-			
13 BIRTHPLACE OF MOTHER (State or Country) Oracle	At place of dealhyrsmosds. In the Life timeds.			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?			
(Informant) W. a Yardyser	Former or usual residence 105 As. Paul St. Ballo Md			
(Address) State Sangt Gruni mg.	Date of Burial or REMOVAL DATE OF BURIAL CHARLES			
Filed 9/19/192 Registrar	M. C. Cager Thurmony			
If more bianks are needed, addrays State Registrar, 16 W. Seratoga St., Belto., Requesting V. S. No. 1.				

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Solesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specimearing laborer, Farm laborer, Loborer—Cool minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stotionary firemon, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., oi approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." corbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephrilis, Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway troin-Never report mere symptoms or terminal condicough; Chronic valvulor etc. The contributory heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

22

HYSI-	200
BEvery Item of information should be carefully supplied ACE should be so ed EXACTLY, PHYSI-	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
s ed pir	back of ce
ACE shot	uctions on
ly supplied	See instr
be carefuil	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.
pinous ud	USE OF DE
informatic	State CA
y Item of	sment of O
BEver	State

PLACE OF DEATH County Frederick Within the wayne	40760	STATE OF M	
	-	Registration D	Pist. No. /2/2
2FULL NAME Vinfant De	Bentz	St.: 3 Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE O	F DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, MARRIED, WIDOWED CR DIVORCED (Write the word) 6 DATE OF BIRTH Sep. A , 193/ (Conth) (Day) (Year	that I last saw h	led /. to	. 192
7 AGE If LESS than day 6 hrs. O yrs. O mos. O da or O min.?	and that death occu	red on the date stated in	above, at 4 7 9 m.
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country). Maryland 12 MAIDEN NAME	Violent Caus s, s Accidental, Suicidal	(Durstion) (Durstion) (Address) (Address) (Address) (Discase Causing Death, tate (1) Means of Injoint Control (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	or, In deaths from jury and (2) whether
OF MOTHER Ova Thompson 13 BIRTHPLACE OF MOTHER (State or country) Maryland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Ashar J. Dorsey (Address) 576 N. Benty St	Is LENGTH OF RELIENTS OF RELIENTS OF RECENT OF RELIENTS. At place of death	esidents) In the nos. ds. State tracted, th?	DATE OF BURIAL Safe 3, 1931.
Filed Seffente 1981 Ora McCule Registras If more blanks are needed, address State Registrar	Thomas	P. Rece	Frederick.



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning cfillness. If retired from guged in domestic service for wages, as Servant, Cook, Housemard, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons entaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Nanager," "Dealshould be used only when needed. As examples: (a) Spinner. (b) Collon mill; (a) Salesman. (b) Grocery; additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, .. g.. Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write Nonc. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Kousekeepers who receive a Spinner, (b) Collon mill; (a) Salesman. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile feetory. The material or At Home, and children, not gairfully em-For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"; "uphoid fever (never report "Typhoid Pneumonia"; "obar pneumonia, Branchopneumonia ("Pneumonia,"

> American Medical Association.) as fracture of skull, and consequences (e.g., sepons, telanus) may be stated under the head of "contributory" "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "PUERPERAL seplicaemia," "PUERPERAL perilonilis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., o eurbolic acid-probably suicide. accident; Revolver would of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traincausing (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary) cough; Chronic valvular heart disease, The nature of the injury, affection need not be etc. The contributory Nomenclature Always qualify all Measles

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Dr. Brooks

V. S. No. 1

1. PLACE OF DEATH County. In additional City of Cety Hos Jacks in a hapital or initiation, give in NAME instanced of street and number) St. Ward Length of residence in city to town where death occurred. yet. 100 June 1 (June 1) June 1 (June 1) June 1 (June 1) June 2 (June 1) June 2 (June 2) June 2	STATE OF MARYLAND—	CERTIFICATE OF DEATH 10761
Village or City Judent A Cetty Horolated Leagth of residence in city or town where death occurred Leagth of residence in city or town where death occurred Judent occurred in a bappial or indivision, give is NAME interest and number) 2. FULL NAME Cally Boy Aureal (a) Rosidence: No. (Unsulpace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCE, MARIELD, WIOWED, ORD PHYOCED Course the word) No. If married, widowed, or divisced (Nonth) (Nonth) (Day) 193 193 1 HER EBY CERTIFY. That I attended doceased from SANYER, BOOKEPER, M. 3. Indian was consent and the data stated above, at Judy T. AGE Years 1. Tade, profession, or particular SANYER, BOOKEPER, M. 3. Indian was come and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX MEDICAL CERTIFICATE OF DEATH 2. DATE OF DEATH 1. DATE OF DEATH and related causes of importance Were as follows: SANYER, BOOKEPER, M. 3. Indian was come as a SIM MILL, SAN MILL, BARK, etc. 1. D. Date decaded and worked at booker of the state of the data stated above, at Judy The PRINCIPLAL CAUSE OF DEATH and related causes of importance Were as follows: What tast confirmed diagnosis? Was there an autopsyr? 1. SIM JAME 1. MADREN NAME 1. MADR	1. PLACE OF DEATH	(50)
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Sa. If married, widowed, or divorced HUSBAND (COP) (COP) WIFE of Cop) (COP) (C		Sept 3 1931
HUSSAND of (or) WIFE of (or) WI	5a If married widowed or divorced	(Month) (Day) (Yaar)
6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 7. AGE 9. Months 1	HUSBAND of	22. HEREBY CERTIFY, That I attended deceased from
7. AGE Years Months Oays If LESS than 1 day. hrs. or/2 mm. or/2 mm. hrs. or/2 mm.		Lept 3, 1931, to Lept 3, 1931
8. Trade, profession, or particular Kind of work done, as SPINNER, SAMYER, BOKKEPER, etc. 9. Industry or business in which worked at this occupation (month and year) 10. Date deceased last stiffs, worked at this occupation (month and year) 11. Total time (years) 12. BIRTHPLACE (city or town) (State or country) 13. INAME MASS Elizabeth Colors (State or country) 14. BIRTHPLACE (city or town). Salling the state of the state o		Hast saw Junative on Sept 3, 19-31; death is said
S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.		
8. Trade, profession, or particular kind of work dome, as SPINER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHERACE (city or town) (State or country) 13. NAME MADEN NAME Must be supported by the support of		word as failure:
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

1 To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Example I	Special Street S 1989	Sent barret	Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	(但為4)	1921	Run over by street car	1 week ago	
Cerebrol hemorrhage		July 5,1927	Peritonitis	3 doys ogo	
Other contributory causes of importa	nce:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

infor- state UPA-	1. PLACE OF DEATH	CERTIFICATE OF DEATH 10753
a of ould OCC	County Jaederick.	Registration Dist. No. / 4
item of should of OCC	Village or Chy Unionwille, - P. F.D. Mit	death occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long in U.S. if of foreign birth?mosds.
D. Every SICIANS tatement	2. FULL NAME Loy & Oakter.	V
SI SI	(a) Residence: No Upuronoille ned,	St., Ward.
E S H	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
#3.	nale While OR DIVORCED (write the word)	$(Month) \qquad (Oay) \qquad (Year)$
BINDING ERMANES EXACT y classified te.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. SEPT 2 193/ to Sept 2 193/
BIN ER EN F el	6. DATE OF BIRTH (month, day, and year) /892-2-2	I last saw h death's said
T T E	7. AGE Years Months Oays If LESS than 1 day, hrs.	to have occurred on the data stated above, atm.
FOR IS A I stated properl	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset
- 70	8. Trade, profession, or particular wind of work done, as SPINNER, Sabores. SAWYER, BOOKKEEPER, etc.	Ehr. Cardiae Deser
VED-THIS	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Erm. Vanacas access
RESER G INK- GE shou that it m	10. Oate daceased last worked et this occupation (month and year) spant in this occupation	
ZATO		Other Contributory Causes of Importance:
GIN 'ADII' (ed. 15, so tructi	(State ar country) Maryland.	angine Pectous
JARGI UNFA supplied n terms, ee instri	# 13. NAME Jacob Cecker,	
S the	4 14. BIRTHPLACE (city or town)	Name of operation Date of
WITTLE fully so nt. See	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
W Weefu	15. MAIOEN NAME Pullie Col Harn, 16. BIRTHPLACE (city ar town) - Manualand.	23. If death was dua to external causes (VIOL ENCE) fill In also the following:
AINLY, Id be car DEATH y import	O 16. BIRTHPLACE (city ar town) Maryland,	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19
EA be	17. INFORMANT Mrs, Bertye O. Hunter,	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
	(Address) Wit Ring, ned,	
F-7 -02	18. BURIAL, CREMATION, OR REMOVAL)	Manner of injury
	Place Mguno Contago and August 1931.	Nature of injury
-WRIT mation CAUS TION	19. UNDERTAKER O. M. Walty	24. Was disease or Injury in any way related to occupation of deceased?
S. S. Wo.	20. FILEO SEft 3, 1931 WM H. Blay	(Signed) Stanty Rabill M. D.
- Act	If more blanks are needed, address. State Registrar	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
,		1			
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroentefitis Q	1 year		
		Car sear all			

ADDITIONAL SPACE FOR FURTHER STATEMENTS TA PHYSICIAN

V. S. No.

N. B.--

		10754	
	PLACE OF DEATH	~	STATE OF MARYLAND
(County Imacion	92-00	CERTIFICATE OF DEATH
1	6		Registration Dist. No. 145
vill	age or City Mywills (No. 2FULL NAME Lengo, le El	dnige	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
-	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE OF DEATH
35	Male. Hute Single, Married, Mond Wildows, OR DIVORCED (Write the word)	Sept	(Month) /5 (Day) /93 (Year)
6 D	May 9, 1866 (Month) (Day) (Year)		Y CERTIFY, That I attended the deceased from 1931. to Sept 15, 1931. A alive on Sept 15, 1931.
7 A		and that death occu-	rred on the date stated above, at 4 A m.
	1 C 7 17 I day hrs.	The CAUSE OF DEA	TH * was as follows:
P	CCUPATION i) Trade, profession or Etma fame articular kind of work Etma fame	Chronie	Valvular Heart Dise
bi	o) General nature of industry usiness, or establishment in hich employed or (employer)		(Durstion) 3 yrs. mos ds.
9 B	(State or country) Muy land	Contributory Secondary	(Duration) yrsmosds.
	10 NAME OF FATHER UN CLISW & Eldnigg	(Siefed) St	(Address) mid altown mg
ENTS	OF FATHER (State or country)	1.7.	Disease Causing Death, or, in deaths from tate (1) Means of Injury and (2) Whether or Homicidal.
PARE	OF MOTHER CANOLINIC North		SIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrs	In theds. Stateyrsmosds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease con if not at place of des	nh?
	(Informant) Mr. Ly C. Eldridge (Address) Mywill My	Former or usual residence	nd 4, 13 Cont. 9/8, 103/
15	Filed Dept. 17, 1931. William S. Machtel Registrar	20 UNDERTAKER	ANDRESS Myravelle, md
	If more branks are needed, address State Registrar	, 16 W. Daratoga St.,	Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more precise special mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, Civil engincer, Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement whatever, write None. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material If the occupation has been changed 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) approved by Committee on "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi resulting from childbirth or miscarriage as cough; or intercurrent) affection need not be Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

OCT

PHYSICIANS should state Every Mem of infor-Exact statement of OCCUPA-1. 2. 3. SI mation should be carefully supplied. AGE should be stated EXACTLY. 30 5a. i UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. 6. DA Not Evangoo MOTHER FATHER N. B.-WRITE PLAINLY, WIT 17. 1 18. B 19. L W. S. No. 1 20. F

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10765
PLACE OF DEATH	(72-6)
County Predentaly	Registration Dist. No. / &/ =
Village or City frederick " O a type of the City of th	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	
FULL NAME 1/2. Frank, R. E.	Uita.
(a) Residence: No. Brunawick MA	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ale white OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) 193 (Year)
f married, widowed, or divorced HUSBAND of (or) WIFE of Mary Plush	22. I HEREBY CERTIFY, That I attended deceased from
ATE OF BIRTH (month, day, and year) Nov. 26 1890	i last saw h aliva on Cept. , 1921; death is said
HO 9 Jays If LESS than I day,hrs.	to have occurred on the date stated above, at 2.30 Cm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Bladen Duene. Com.
9. Industry or business in which work was dona, as SILK MILL, Switchman By Q. SAW MILL, BANK, etc.	ajo.
10. Date deceased last worked at this occupation (month and spant in this year)	
SIRTHPLACE (city or town) // // (Stata or country)	Other Contributory Causes of Importance:
13, NAME Q. P. Ellengton	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME of A. augus	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? Was there an autopsy?
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
NFORMANT Mrs. Frank R. Collington (Address) Brunwell Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
Place Fusion and alist Date Sept 7 , 1936	Manner of injury
INDERTAKER C. H. Fute & Born' (Address) Bruns M.	24. Was disease or injury in any way related to occupation of deceased?
FILED J. Settlenty 98 1. Doa f machine	(Signed) A. Gustin Tearse M. D. (Address) Treducing M. D.
	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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5

BINDING

FOR

RESERVED

ARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registra

(Address)

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Example I	0	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
		,		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

RESERVED

RGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

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The principal cause of death and related causes Date of onset of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	00 4 198	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago	
		3			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter whatever, write None. to report specifically the occupations of persons enen at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Loborer-(b) Cotton mill; (a) Salesman. without more precise specification as Doy For persons who have no occupation (b) Automobile factory. The materia -Coal minc, etc. Wom-(b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever. (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol ". Tranition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital;" "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association: lelanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee Chronic etc. valvular heart Nomenclature The contributory Always qualify all disease;

If this certificate is leaved over moroughly and a'l questions answered in descriptional partial correspondence. All the data is seential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 16 W. Saratone .. Salto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the disease causing death, er," etc., whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been chauged gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; It nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in Industrial employments, it is neces-(a) Foreman, (b) Automobile factory. Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthfulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation The material But in many

Statement of Cause of Death—Name, first, the pusease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Puphoid fever (never report "Typhoid pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (R: commendations on statequences ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as Poisoned by carbolic acid-probably suicide. The na-Examples: and qualify as accidental, suicidal, or homicidal, or taken. For violent peaths state means of injury State cause for which surgical operation was under-"PUERPERAL scp!icaemia," "PUERPIRAL peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease rhage," "Inaultion." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. stated unless important. "Dropsy," "Exhausticn," "Heart failure," "Haemorvulsions," causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; (name origin; "Cancer" is less defiuite; avoid (e.g., scpsis, tctanus) may be stated under the Accidental drowning; "Debility" ("Congenital," "Senile," etc.), Never report mere symptems or terminal Chronic valvulur heart disease; Example: Meastes (disease Struck by railway Always qualify all The contributory (second-

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is rermanently filed.

BINDING

FOR

RESERVED

ARGIN

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
8				
Other contributory causes of importance:		Other contributory eauses of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

		CERTIFICATE OF DEATH 10771
1	. PLACE OF DEATH	(gue)
1	County Frederick	Registration Dist. No. 131
	Village or City Frederick	death occurred in a hospital or institution, give its NAME instead of street and number)
	Length el residenca in city er tewn where daath occurred 15 yrs. 7 mes	/ ds. Hew leng In U.S. if of foreign blrth?yrsmosd
2	FULL NAME Lervis C. Heere	2
	(a) Residence: No.30 East Frourth	St., 4 Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
-	Moale White OR DIVORCED (write the word)	21. DATE OF DEATH Sels 10 ,193/ (Month) (Day) (Year)
5a.	II married, widowed, or divorced HUSBAND et (er) WIFE of Annie Mo. Schaum	22. I HEREBY CERTIFY, That I attended decassed fro
		I last saw have alive on Refer 9 192/ death is sa
	DATE OF BIRTH (month, day, and year) Feb / 1858 AGE Years Menths Days II LESS than	I last saw h alive on larges 1921; death is sa to have occurred on the date stated above, at 11-40-4
	73 7 9 1 day, hrs. brmin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
2	8. Trade, prefessien, or particular kind of work dona, as SPINNER, Block Coarrier SAWYER, BOOKKEEPER, atc	. Data of office
PA	9. Industry or business in which work was done, as SILK MILL, Backsla Olooles.	Cermany Thrombers
1	1D. Data decaasad last workad et Accepthis eccupetion (month end 19.39) 11. Tetal time (yeers) spent in this eccupation 15	
12.	BIRTHPLACE (city er tewn) Baltimore	Dther Contributory Causes of importance:
2	13. NAME Christian Heerd	antino delemeni
A	14. BIRTHPLACE (city or town)	Nama of operation Data of
-	(State or country) Germany	What test confirmed diagnosis? Was there an autepsy?
HER	15. MAIDEN NAME Margaret Scheel	23. Il daath was due te external causas (VIDLENCE) fill in else the Iollowing:
MOT	16. BIRTHPLACE (city or tewh)	Accident, suicida, er hemicida? Data of injury19
Σ	(State er ceunity) Geomany	Where did injury eccur?
17.	INFORMANT Mors Annie Me Heerd (Address) 30 East Fourth St	(Specify city or town, county and State) Specify whethar Injury eccurred in INDUSTRY, in HDME, er in PUBLIC PLACE.
18.	BURJAL, CREMATION, OR REMOVAL	Mennar ef Injury
	Place Mot Colivet Com Date Defe 12, 1931	Nature of injury
19.	UNDERTAKER Thomas P. Roice (Address) Firederich Mode	24. Wes disease er injury in any way related te eccupation of deceased?
20.	FILED 11-Sep'1- 1931 Ambrusy -	(Signed) BOThere M.

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stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory eauses of importance:	
Gall	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Is. D. Thomas

oż

PLACE OF DEATH	10772 STATE OF MARYLAND
1 France De	CERTIFICATE OF DEATH
County	Registration Dist. No. /324
Village or City Drung mel (No. ,	St; Ward) (If death occurred in a hospital or institu-
2 FULL NAME Elley V. Kary	tion, give its NAME In- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	may 192), to left , 1927 /
ang 13 852	that I fast saw h T alive on 1997
(Month) (Day) (Year)	and that death occurred on the date stated above, at
If LESS than I dayhrs.	They DUSE OF DEATH & was as follows:
	- may of conse
8 OCCUPATION (a) Trade, profession or	
particular kind of work (b) General nature of industry	
business, or establishment in	(Duration)yrsmos ds.
which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration yrs
10 NAME OF Welliams Place	(Signed) M.D.
11 BIRTHPLACE OF FATHER (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER Margaret States	13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Mayflord	At place of death yrs mosda, State, yrsmosda.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) the R- Koreke	Former or usual residence
(Address) Bentelforde my	But the relation REMOVAL SERT 15, 19 3
Filed 15 198/De Course Registrar	Man Colchian Son Freduck
If more blanks are needed, address State Registrar.	W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the nisease causing Death, Housemuid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reworked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter, cases, especially in industrial employments, it is neces-Civil engineer, Stationary freemen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on If the occupation has been changed

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "Puerpenal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as rhage," "Inaultion." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," ary), 10 ds. Never report mere symptoms or terminal State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite discase "Dropsy," "Exhaustion," "Heart failure," "Haemorconditions, such as "Asthenia," "Anaemia" eausing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; vulsions," (uame origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valentar heart disease; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-(secoud-(merely etc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 1077
1. PLACE OF DEATH	82-2
County Frederick	Registration Dist. No. / 3 2
Village or City Muddle Town	No. St., War
	(If death occurred in a horpital or institution, give its NAME instead of street and number) os. ds. How long In U.S. if of foreign birth?
2. FULL NAME Jaky Daniel Heller	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Month) (Day) (Year)
á. If married, widowed, or divorced HUSBAND of (or) WIFE of Mallie Keller	22. I HEREBY CERTIFY. That I attended deceased fro
DATE OF BIRTH (month, day, and year) July 15- 1861	L last saw h L M aliva on Sent 8 , 19 5 ; death is sa
AGE Years Months Days If LESS than	to have occurred on the date stated above, atA_m.
67 1 24 1 day,hrs	the PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or parlicular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at lil. Total time (years) this securation (month and	Certical Leworthage Spots
10. Date deceased iast worked at this occupation (month and year) occupation (month and year)	
12. BIRTHPLACE (cily or town) Charalland	Other Contributory Canacs of Importance:
13. NAME Daniel Keller	
13. NAME Daniel Keller 14. BIRTHPLACE (city or town) - The A. T. A. C.	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary & Ward 16. BIRTHPLACE (city or town) Mary Land	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
7. INFORMANT Auss active Fully	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place	Manner of Injury
19. UNDERTAKER & Y II Gladhill (Address) middle togn	24. Was disease or Injury in any way related to occupation of deceased? 11 so, specify 15 or occupation of deceased? 17 or occupation of deceased? 18 or occupation of deceased? 18 or occupation of deceased? 18 or occupation of deceased? 19 or occupation occupa
20. FILE Off 10 , 1981 Trayon July	(Signed) M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage July 2		Peritonitis	3 days ago	
179				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

should

1. PLACE OF

County

STATE	OF MARYLAND-	CERTIFICATE OF DEATH	10774
redericle		Registration Dist. No.	13/2
nco In city or town where	9	No. f death occurred in a hospital or institution, give its NAME instead of death occurred in a hospital or institution, give its NAME instead of the control of the contro	
E Say	on fallian on manyland (Usual place of abode)	St., Ward. If nonresident give city or	town and State
L AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	EATH
4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month)	, 193 (Year)
or divorced	an Kellian	22. I HEREBY CERTIFY. That I	attended deceased from

Village or City Length of reside 2. FULL NAM (a) Residence PERSONA 3. SEX 5a. If married, widowed HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: or____ min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc..... DECUPATION Jo 9. Industry or business in which back work was done, as SILK MILL SAW MILL, BANK, etc._____ Date deceased last worked at this occupation (month end 11. Total time (years) spent in this occupation __ instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See Name of operation 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_ Was there an autopsy? MOTHER 15. MAIDEN NAME important 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? ____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. very (Address) 18. BURIAL, CREMATION. Manner of Injury 0 Nature of Injury. 24. Was disease or Injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed). 20. FILED

-WRITE mation LION S. No. 1 20

blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registra

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Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH state of infor OCCUP. 1. PLACE OF DEATH Registration Dist. No. 131 plnous (If death occurred in a hospital of institution, give its NAME instead of street and number) HYSICIANS How long In U.S. if of foraign birth?_____yrs.____mos.___ Length of residence in city or town where death occurred _mos. ement (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH Exact PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) classified. BINDING 5a. If merried, widowed, or divorced HUSBAND of 22. CERTIEY, That I ettended deceesed from (or) WIFE of 6. DATE OF BIRTH (month, dey, end year) properly 7. AGE Yaars Months If LESS than Days to have occurred on the dete stated above. FOR 1 dey, ____hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance or min. were es follows Date of onset 8. Trade, profession, or perticuler HIS NO kind of work done, as SPINNER SAWYER, BOOKKEEPER, otc.... RESERVED may 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, atc.... nooo 10. Date deceesed lest worked et 11. Total time (years) this occupation (month and spant in this that occupation instructions Other Contributory Causes of importance ARGIN 12. BIRTHPLACE (city or town) (Stete or country) supplied FATHER 13. NAME See 14. BIRTHPLACE (city or town) ... plain (Stete or country) be carefully What test confirmed diagnosis? 15. MAIDEN NAME important 23. If deeth was duo to external ceuses (VIOLENCE) fill in also the following: MOTHE OF DEATH 16. BIRTHPLACE (city or town) (Steta or country Where did injury occur?_ (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. pluods 17. INFORMANT very (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury -WRITE CAUSE mation TION Netura of Injury 24. Was disease or injury in any way related to occupation of deceesed 19. UNDERTAKER (Address) If so, specify (Signed) (Address) ___ Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

S. No. 1

Matement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merehants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal eause and any important complication of the principal cause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal eause of death and related eauses of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory eauses of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR F	URTHER STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

10776

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	COCY O MAN	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	PYYRPRY	July 5,1927	Peritonitis	3 days ago	
1		3			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEM	ENTS B	Y PHYSICIAN
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4. S No. 1

PLACE OF DEATH	V 10777 STATE OF MARYLAND
County Theolerich	CERTIFICATE OF DEATH
	Registration Dist. No. 3/2
Village or Citylean Frederich (No. On Was	tion, give its NAME is stead of street and
2FULL NAME / // Duy Welly) (number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED Married WIDOWEO. Tiernale While OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
2 (huknom, 1876	, 192, 192,
(Month) (Day) (Year)	that 1 last saw halive on, 192,
7 AGE [If LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	strick by automobile
b) General nature of industry	1. 1. t. t.
which employed or (employer)	Deel (assettled (Barren) vrsmosds.
9 BIRTHPLACE (State or country) Frederick G. Med	Contributory Secondary (Duration)yymosds.
10 NAME OF Henry 7, app.	(Signed) Celtry of Beauty, J. A.
of Father (State or country) Germany	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Chrie Whiff	18 LINGTH OF RESIDENCE (For liospitals, institutions, Iransients or Recent Residents)
OF MOTHER (State or Country) Trealerich Co. Mid	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of fee n?
(Informant) David Klink	Former or usual residence Ahthaslow full of
(Addrest peolench MAR7, D #5	Joubs Cemely Frederick Cottes 9/8, 193/
Filed 7 - Cetterfus 2 800 / McQueley	Sarry & Carty Frederich My
If more b.anks are needed, addre.s : tate lighter	, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation er," etc., without more precise specification as ν_{uy} laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to cuch and every person, irrespective cf fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cooks Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a or given up on account of the DISEASE CAUSING DEATH Foreman, (b) For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) specifically the occupations of persons en-Automobile factory. The 'material Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same dise.se. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E.:haustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Chronic Example: Measles (disease etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CEIV

BINDIN

FOR

RESERVED

ARGIN

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Every Item of Information should be carefully supplied. ACE should be atod EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT H UNFADING INK--THIS IS A WRITE PL N.B.

BINDING

FOR

RESERVED

MARGIN

No. 1

20

PLACE OF DEATH County Frederich	10779 STATE OF MARYLAND CERTIFICATE OF DEATH
. 11	Registration Dist. No. / 0 2
Village or City 777 eld letres (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 9/2/3/, 192
Sefit 2 d , 1931 (Month) (Day) , (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE If LESS than I day / hrs. or	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) DIO NAME OF	Contributory Secondary (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration)
FATHER Buy & Beatherman II BIRTHPLACE OF FATHER (State or country) I2 MAIDEN NAME OF MOTHER I3 BIRTHPLACE OF MOTHER (State or Country) MANN Land	(Signed)
(Informant) Mrs Flassic Finh (Address) Middle town Mc Filed 1981 D. Trouson Once	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Andalitorn and Sept 2, 19.3 L 20 UNDERTAKER ADDRESS A M M M M M M M M M M M M M M M M M M
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken business that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseer," etc.; Spinner, (b) Cotton mill; (a) (a) Foreman, (b) Automobile should by used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealer," etc.; without more precise specification as Day worked on may form part of the second statement. household only (not paid Housekeepers who receive a especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Automobile factory. The material Salesman, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, WhoopingAmerican Medical Association.) (Recommendations on statement of cause of death by Committee on Nomenclature of the cough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4.57

PLACE OF DEATH STATE OF MARYLAND County Frederich CERTIFICATE OF DEATH Registration Dist. No. /32 (If death occurred in St.: Ward) a hospital or institution, give its NAME in -Leatherman stend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE | 5 SINGLE. 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED I HEREBY CERTIFY, That I attended the deceased from that I last saw h ____alive on _____, 192....., 7 AGE If LESS than and that death occurred on the date stated above, at I day 2 hrs. The CAUSE OF DEATH * was as follows: ds. or min.? BOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in LO. (Duration) _____yrs......mos.... which employed or (employer) mpor Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 4 10 NAME OF FATHER 11 BIRTHPLACE Ø W ENT OF FATHER CAUS the Discase Causing Death, or, in (State or country) Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 00 state (ccu2A d < OF MOTHER 13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-0 ienta or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death yrs mos ds (State or Country) 00 Where was disesse contracted, shoul J-O 14 THE ABOVE IS TRUE TO THE it not at place of dea h?...... Former or usual res.dence teme Every CIA If more b.anks are needed, addre.s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. i.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, additional line is provided for the latter statement; it should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octircd 6 yrs). state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a business, that fact may be indicated thus; Farmer (re Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhcid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Echaustion," "Heart failure," "Haemorrhage," diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved lclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondar/ or intercurrent) affection need not be st_ted unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY by Committee on Nomenclature of the cough; Chronic etc. valvular heart disease; The contributory

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 10781
1/ PLACE OF DEATH	920
County fuldereck	Registration Dist. No. 134
Village or City Mlaw Woon	NoSt.,Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Mrs. Orra Gertude	MeSherson
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Female white OR DIVORCED (gorite the word)	Sut. 26 193 / (Molth) (Day) (Yaar)
56. If married, widowed, or divorced HUSBAND of Cor) WIFE of John W. Mc Pherson	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Tuly 17 1867	C1+/
7. AGE Years Months Days I If LESS than	to have occurred on the data stated ebove, a 2 30 m.
69 2 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	were as follows: Date of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, otc.	Metrol warreitation ?
9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
O. Data deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contribute Contr
12. BIRTHPLACE (city or town). Uggue (State or country)	Other Coutributory Causes of importance;
13. NAME Glarge W. Myers	
14. BIRTHPLACE (city or towns)	Name of operation
(State of country),	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarah Havenner	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
0 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury 19
Stata or country)	Where did injury occur?
17. INFORMANT Service Me Therson (Address) Frederick Question and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR, REMOVAL	Manner of injury
Place Law Lille Ville Ville 1919 5	Nature of injury
19. UNDERTAKER M. R. alghison you	24. Was diseasa or injury In any way related to occupation of deceased?
(Address) Frederick, Ma.	If so, specify
20. FILED Seff 2. 7, 1934 I DE Home de Colored Registrar.	(Signed) M. D. (Addrass)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attock of epilepsy	1 week ago	
1921	Run over by street car	1 week ogo	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attock of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI
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-WRITE PLAINLY, WITH CNFADING INK-THIS IS A PERMANENT ROLL Every item of information should be carefully supplied. AGE should be stated EXACTLY: PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-RD. Every item of infor-TARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 10752
1. PLACE OF DEATH	946
County Trederick	Registration Dist. No. 12/-
Village or City Worder Homestal	No monteene Infitalist. Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
7	os. ds. How long in U.S. if of foreign Mrth?yrsmosds.
/ 2. FULL NAME Wiss Ulice Moulgon	ery.
(a) Residence: No. Transite Mcl	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH O
Temale white OR DIVORCED (garric the word)	(Monty) Qay) 193/ (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	and 31 1931 to Sent 47 1931
6. DATE OF BIRTH (month, day, and year) 7 - 16 - 1853	Hast saw her alive on Sent 27 198/; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et. 3m.
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs or min.	the tallouse Chose of DEATH and leaden causes of importance
I Z I I I I I I I I I I I I I I I I I I	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SII K MIII	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Caronary Comboss
E 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town) Maryland (State or country) E 13. NAME John Westley Montgomery	Other Contributory Causes of importance:
(State or country)	
13. NAME John Westley Montgomery	
13. NAME John Westley Wortgomery 14. BIRTHPLACE (city or town) Wary and (State or country)	Name of operation Date of
(State of Country)	Whet test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME Susan Strongson	23. If death wes due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Waryland	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT CALLES QUE SUITA . (Address) Morelline Hoods, The devils W	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
To do	Manner of injury
19 Made Olones - Trederich Mate 9/30 ,1931	Nature of injury
19. UNDERTAKEN CONTY & Carly = (Address) Francisco (Address)	24. Was disease or injury in any way related to occupation of deceased?
000-14-0010	(Signed) OThera M.D.
20. FILED 29 2 Allenga 3/00 an McClinde = Registrar.	(Address) Fuleral M. D
	7, 2411 N, Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arterioselerosis	1915	Attack of epilepsy	1 week ago		
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
EURTATI V S					
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:			
Gausiones	May 1,1925	Gastroenterus	1 year		
			I		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	10783
PLACE OF DEATH	STATE OF MARYLAND
County of rederick	CERTIFICATE OF DEATH
	Registration Dist. No. 139
Village or City State Sangerorum	
2FULL NAME Harry E.	St.: Ward) St.: Ward) a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MUDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
OCT 26, 18/8	May 15 1983 1. co, Slot 1 , 19831.
(Month) (Day) (Year) 7 AGE Ilf LESS than	that I last saw h MM alive on A MM
To lay land	and that death occurred on the date stated above, at
yrs. / mos. or min.?	A) of
a) Trade, profession or	Julmonary Juberculoss
(b) General nature of industry	V
business, or establishment in which employed or (employer)	
9 BIRTHPLACE	Contributory Secondary
(State or country) Maryland,	(Dyretion) A 1 yrs. / mos. de.
10 NAME OF C	(Signed) Slewar A: Shaffer M. D.
11 SIRTHPLACE	Sent 1 1923 (Address) State Schnatorumino
OF FATHER (State or country) Manyland.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Fannie Evans	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER OM ADAR	At place of death yrs a mos b ds.
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or Manager M
(Informant) W. U. Gardner	19 PLACE OF BURIAL OR REMOVAL MA DATE OF BURIAL
(Address) Late Squarforum Ma	Ward Chapel Balloco. Sept 5.03
15 Filed 1921 1921	20 UNDERTAKER ADDRESS Md
Registrar	M. I reager / hurmons
if more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook ployed, as At school, or At home. Care should be taken work, Never return "Laborer," "Foreman," "Manager;" "Dealworked on may form part of the second statement Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enlaborer, Foreman, For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, not gainfully emyrs). Farm laborer, (b) Cotton mill; (a) Solesman. (b) Grocery; man, (b) Automobile foctory. The material without more precise specification as Day For persons who have no occupation Laborer--Coal mine, etc.

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") ed term for the same disease. Examples: Ccrebrospinal to time and Statement of Cause of Death-Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect (the only definite synonym is "Epidemic cerebropneumonia, causation), using always the same accept-Bronchopneumonia ("Pneumonia,

> or as probably such, if impossible to determine definitely. stated unless important. Example: Measles (disease and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL perilonitis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., American Meddal Association approved by Committee on Nomenclature approved by letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopncumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY 99 "Heart failure," "Haemorrhage, Chronic Carcinoma, Sarcoma, etc., of etc. The contributory valvular heart Nomenclature of the disease;

American recommendation of this certificate is to led one thoroughly and all questions answered in detail. Will revent wither correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No.

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inforstate

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
- 3 3 3.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
V .			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			- 30

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FOR BINDING

JARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10756
1. PLACE OF DEATH	(72-0)
/ county Frederick	Registration Dist. No/84
Village or City Mlan Feagavelle	No. St., Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) , ds. How long in U.S. if of foreign birth?
2. FULL NAME Mrs. Florenss.	Virginia Ramelverges
In the head	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Warvel	21. DATE OF DEATH (Month) (Day) (Year)
50. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That I attended deceased from
6. OATE OF BIRTH (month, day, and year) Dec 22, 1867	I last saw here alive on see 10 19 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8:45 P.m.
6388 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, facuation (SAWYER, BOOKKEEPER, etc.	Allen Serum 3
9. Industry or business in which work was done, as SILK MILL,	1
SAW MILL, BANK, etc	1. 0
12. BIRTHPLACE (city or town) Maylor (State or country)	Other Coutributed Causes of Importance:
II 13. NAME John F. Penne	
13. NAME 14. BIRTHPLACE (ofty or town). Maryland	Name of operation Oete of
(State of Country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Fatte Smith 16. BIRTHPLACE (city or town) Marshaud	23. If deeth wes due to axternal causes (VIOLENCE) fill in also the following:
[Stata or country]	Accident, suicide, or homicide?
17. INFORMANT Les Republings (Address) medancis med Res	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Met Olivety Fred Data Alpt 7,1931	Nature of injury
19. UNDERTAKER M. R. Elchison 4 Son	24. Was disease or injury in any way related to occupation of deceased?
20. FILED & Sept - , 1981 oral mcauly Register.	(Signed) M. O. (Address) Against M. O.
If more blanks are needed, address State Registrar.	7 1/11/11/11/11

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Example I	Ì	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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TARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF D	SIAIE	OF MAR	YLAND—	CERTIFICA	TE OF DEATH	10787
97	ederick				Registration Dist. No	. 130
Village or City_	Alkans	nston	m (III	Nodeath occurred in a hospita	lor institution, give its NAME instead	St., Ward of street and number)
				ds How long in	U.S. if of foreign birth?yr	sds.
2. FULL NAME			berg.			
(a) Residence:	No. Adamstov	(Usual place	e of abode)	St., Ward.	If nonresident give city	or town and State
PERSONAL	AND STATIST		CARLES OF THE REAL PROPERTY.	MEDIC	CAL CERTIFICATE OF	
	color or RACE white		RRIED, WIDOWED, ED (write the word)	21. DATE OF DE	EATH Sestember (De Month)	(Year)
5a. If married, widowed, o HUSBAND of (or) WIFE of		F. Remsbe	rg	0	REBY CERTIFY, That	l attended deceased from
6. DATE OF BIRTH (mon	th, day, and year) De	20. 11. 1	848	I last saw her ali	(0-1/2 107)	, 193 /; death is said
7. AGE Years	Months 8	Days 20	If LESS than I day,hrs. ormin.		of DEATH and related causes of imp	ortance
8. Trade, profession, kind of work SAWYER, BOO		Housewif		Edema 8/ Lungs.		Date of onset
a work was don	ess in which e, as SILK MILL, ANK, etc	At Home				
SAW MILL, B/ O 10. Date deceased la this occupatio year)	st worked at n (month and	11. Total	time (years) ent in this cupation			
12. BIRTHPLACE (city or (State or country)	town) Marylar	nd		Other Coatributory Caus	es of importance:	
13. NAME Johr	W. Hargett	t.				
13. NAME JOHN 14. BIRTHPLACE (city (State or cour		land.			gnosis?W	74
15. MAIDEN NAME	Harriett Sc	chaeffer.			cternal causes (VIOL ENCE) fill in also	
15. MAIDEN NAME Harriett Schaeffer. 16. BIRTHPLACE (city or town) (State or country)		Accident, suicide, or homicide?				
	. C. E. Rems amstown, Mo	-		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.		
	vet Cem.Fre			Manner of Injury		
M 19. UNDERTAKERF: (Address)	. R. Etchis rederick, A		,	24. Wes disease or injury	in any way related to occupation of o	leceased? The :
20. FILED Sitz	,1931 J.C	lyles	Registrar.	(Signed) (Address)	Warnstow	toke M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

No. of the last

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related eauses of importance were as follows:		The principal cause of death and related causes Date of importance were as follows:		
UCT # 1931	1915	Attack of epilepsy	1 week ago	
hritis	1921	Run over by street car	1 week ago	
BURKAU V. 8	July 5, 1927	Peritonitis	3 days ago	
auses of importance:		Other contributory causes of importance:		
Gallstones		Gastroenteritis	1 year	
The same of the sa	of death and related causes is follows:	of death and related causes Date of onset	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH	10758 STATE OF MARYLAND
County trederick	CERTIFICATE OF DEATH
	Registration Dist, No. 144
Village or City Near Terroston. 2FULL NAME Beellah. In,	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME is- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Seff- 9", 198/ (Month) (Day) (Year)
6 DATE OF BIRTH LLC 16, 1898	I HERERY CERTIFY, That I attended the deceased from
(Month) (Day) (Year) 7 AGE If LESS than I day,	and that death occurred on the date stand above, at
33 yrs. 8 mos. 23 ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work	Sucidal cusa Vocani
(b) General nature of industry business, or establishment in which employed or (employer) House Works	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) Maryland,	Secondary (Durgion)
10 NAME OF William Fife	(Signed) M. D.
IN BIRTHPLACE OF FATHER (State or country) M OF FATHER (State or country)	*State the l'is ase Causing Death, or, in deaths Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mynnie Marsh.	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) Stormley Price	Former or usual residence
(Address) Lewiston Ino	Walkersville Sept-11 1931
Filed Sept, 10, 198/ anna M. Janes	14. G. Pulman Walkers viel
lf more blanks are needed, addre. Ltate Registran	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook, ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," et., without more precise specification as *Doy* Spinner, (b) Cotton mill; (a) Salesmon, should be used only when needed. As examples: (a) additiona nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-(a) Foremon, Physician, Compositor, Architect, Locomotive engineer, or At Home, and children, For many occupations a especially in industrial employments, it is neces-Farm' laborer, Laborerline is provided for the latter statement; it For persons who have no occupation (b) Automobile factory. The materia single word or term on -Coal mine, etc. Womnot gainfully em-6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, "Pneumonia")

approved by Committee on tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonitis, stated unless important. American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by rollway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, etc. The contributory Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic volvulor heart Example: Measles (disease affection need Nomenclature of the disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	10799 STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
	Registration Dist. No. 137
Village or City Viberty town (No.	St.: Ward) (If death occurred In a hospital or institution, give its NAME is stead of street and number.)
2FULL NAME COTTULUTE OFFICE S	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OF RACE SINGLE, MARRIED, Hodourd OR DIVORCED (Write the word)	16 DATE OF DEATH Eph, 22 , 1981
apr. 21th, 1866	17 I HEREBY CERTIFY, That I attended the deceased from 1931. to 22, 1931,
7 AGE (Month) (Day) (Year)	and that death occurred on the data stated above, at
occupation or Returned Farmer	artie Stenosis
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrs. @ mos. ds.
9 BIRTHPLACE (State or country) Md	Contributory Secondary Embolus (Duration) yrs mos / ds.
10 NAME OF COTNELIUS H, Riordan	(Signed) Otis B, Stone M. D. Sept 22 1931 (Address) Alberty Foron
OF FATHER (State or country) Island	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Andgel Guille	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
OF MOTHER (State or Country) Fulaud	of death yrs mos de. State yrs de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Mus Ella Vicadaw	usual residence
(Address) Liberty town ma	It Peters Cemetery 9/24, 1931
15 Filed Alf 23 1921 MA, Cert Cel au	Towell & albaugh Liberty Foron
If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more provided and mine, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman, Stationary fireman, etc. But in many 6 Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi telanus) may be stated under the head of "contributory." taken. For violent deaths state means of injuny "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-'Congenital,' "Senile," etc.), "Dropsy,",
" "Heart failure," "Haemorrhage," Example: Measles (disease

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If More blanks are needed, address blate Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Year)

RESERVED ARGIN

BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I			Example II			
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis		1915	Attack of cpilepsy	1 week ago		
Chronic interstitial nephritic	UGL 8-1931-	1921	Run over by street car	1 week ago		
Corcbral hemorrhage	BUMBAD V.	July 5,1927	Perilonitis	3 days ago		
Other contributory cause	s of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastrocnteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registral, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

B. Brune

	PLACE OF DEATH	10792 STATE OF MARYLAND
	County Frederick	CERTIFICATE OF DEATH
		Registration Dist. No. /3/-
	Village or City Jefferson (No. R # 2FULL NAME Educard C.	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME is stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Single WIDOWED SINGLE (Write the word)	16 DATE OF DEATH Sept-15 , 1931 (Month) (Day) (Year)
	S DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decessed from
	Upril 8, 1858	, 192, 192, 192
	(Month) (Day) (Year)	thet I last sew halive on, 192,
9	7 AGE If LESS than I day In the less than I day I d	and that death occurred on the date stated above, at 1.30 0, m. The CAUSE OF DEATH * was as follows:
	B OCCUPATION (a) Trade, profession or	Death very suddent - not previous
*	particular kind of work	-ly ill. Olad when seen!
7	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs mosds.
	9 BIRTHPLACE (State or country) Maruland	Contributory Secondary (Duration) yrs mos ds.
	10 NAME OF FATHER STATE OF STA	(Signed) N. Hayes Brough M. D.
	II BIRTHPLACE OF FATHER	Slft. 15-1921 (Address) Alfallon. AM
	C (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Jabelle Minskey	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country) Maryland	ienta or Recent Residents) At place of deathyrsmosds.
	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not et plece of dea.h?
	(Informant) M. E. Shoff	Former or usual residence
	(Address) Sefferson Ma	Jefferson, med Sept. 17, 31
	Filed 7- leftender fiff, Ja medeules	M. R. alchironson Teelends
	If more branks are needed, address State Registrar	, 16 W. Seratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housevife, Housework, or At Home, and children, not gainfully em-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman, For persons who have no occupation Stationary fireman, etc. But in many 6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Examples: Accidental drowning; Struck by railway train-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death taken. approved by Committee on Nomenclature of the American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic valvular heart discase; Example: Measles (disease etc. The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S No. 1

11	10130
PLACE OF DEATH County Transcription	STATE OF MARYLAND CERTIFICATE OF DEATH
P.	Registration Dist, No. 14
Village or City Name Jsaac H Shewe	St.: Ward) (If death occurred a hospital or instition, give its NAME stead of street a number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED WIDOWEO. OR OIVORCED (Write the word)	16 OATE OF DEATH SEDT. 3 (Month) 3 (Dsy) 193 (Yesr).
G DATE OF BIRTH (Nonth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 198 to 192 that I last saw 1 1 alive on 192
7 AGE S yrs. 0 mos. 2 7 ds. or min.? 1 day hrs. or min.?	
b) General nature of industry business, or establishment in which employed or (employer). S, BIRTHPLACE (state or country)	Contributory (Duration) yrs. 1 mos yrs. 2 mo
FATHER Ames Onwhile II BIRTHPLACE OF FATHER (State or country) II MAIDEN NAME)	(Signed)
OF MOTHER Many Mulhe was 13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In theyrsmosds.
(Informant) Mrs Sarah Shewbicks.	Where was disease contracted, if not at place of dea h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Dunswick Md	20 HN DERTAKER NOTE TO BURIAL OR REMOVAL DATE OF BURIAL ADORESS ADORESS
Régistrai	r. 15 W. Saratoga St., Balto,, Requesting V. S. No. 1.

10793

(Approved.by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to c.ch and every person, irrespective ci household only (not paid Housekeepers who receive a er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman. For persons who have no occupation (6) Grocery,

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopueumonia ("Pneumonia");

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (secondar/ or intercurrent) affection need not be st_ted unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(E.:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.:haustion," "Heart failure," "IIaemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, taken. FOR VIOLENT DEATHS state MEANS OF INJULY American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic affection need not be etc. The contributory valvular heart disease ; death

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

11 BIRTHPLACE

OF FATHER
(State or country)
12 MAIDEN NAME

18 BIRTHPLACE

OF MOTHER

(State or country)

RENTS

PLACE OF DEATH STATE OF MARYLAND County Frederick CERTIFICATE OF DEATH Registration Dist. No. / & Near Village or City St.: Ward) (If death occurred in a hospital or institu-tion, giva its NAME instead of street and Amith, number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 - INGLE, Senglo 4 COLOR OR RACE! 16 DATE OF DEATH MARRIED. CR DIVORCED (Write the word) REBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH (Day) and that death occurad on the date stated above, at lifLESS than 7 AGE I day O hrs. The CAUSE OF DEATH * was as follows: (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)... Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF

*State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place In the

19 PLACE OF BURIAL OR BEMOVAL

Mot Olivet lan

Defr 3 , 193

DATE OF BURIAL

State..... yrs.....mos....

20 UNDERTAKER

Frederick

If more blanks are neaded, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Former or

No. No.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman. (b) Greery; (a) Foreman, (b) Automobile feetory. The material fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Ilousewife, Househousehold only (not paid L'ouseleepers who receive a en at home, who are engaged in the duties of the Laborer Never return 'Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day worked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g.. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health. Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken etc., wavelaborer, Foreman, For many occupations a single word or term on Laborer-Coul mine, etc. Wom-

Statement of Cause of Death—Name, first, the DIS. EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosymidifever (the only definite synonym is "Epidemic cerebrosymial meningitis"); Diphtheria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"); "obar pneumonia, Bronchopneumonia ("Pneumonia.")

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Hacmorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e. g., sepuls, ledanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The nature of the injury, accident; Revolver would of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as causing (secondary or intercurrent) Whooping cough; Chronie Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train taken. For violent deaths state means of injury can be ascertained as the cause. Always qualify all (Recommendations on statement of cause of Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), affection need not be etc. valvular heart disease; The contributory

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Dr. Beroks.

of OCCUPA-

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH
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1. PLACE OF DEATH			(8)	
County Forder	ech		Registration Dist. No. 13/	
Village of City Forderich		No. 428. Middle St. 40.	e Mand	
Village at City O		(1)	f death occurred in a hospital or institution, give its NAME instead of street and no	Ward wmber)
Length of residence in city or town where	e deeth occurred		ds. How long in U.S. il of loreign birth?yrsmos	
2. FULL NAME Vonfan	x+ 3.	arnes)	Smoch	
(a) Residence: No. 428.	Morada (Usual place	of abode)	St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATIS	TICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Sexale		21. DATE OF DEATH (Month) (Day)	193 / (Year)
5a. If marriad, widowed, or divorced		y a	(Igontii) (Day)	(Tear)
HUSBAND of (or) WIFE of	_		22. I HEREBY CERTIFY, That I attended d	
6. DATE OF BIRTH (month, day, and year)	Sepr 1	1931	I lest saw h alive on, 19	; daath is seld
7. AGE Yaars Months	Days	If LESS than I day, hrs. or min.	to have occurred on the date stated above, at 2-45.7m. The PRINCIPAL CAUSE OF DEATH and related causes of importence	
8. Trade, profession, or particular		ormin,	ware as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	-			
9. Industry or business in which				
work was done, as SILK MILL, SAW MILL, BANK, atc.	*			
10. Date decessed lest worked at this occupation (month and	11. Total t	ima (years)	Start Mich	
year)	oc:	upation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Since (State or country)	resich		Other Commission Causes of Importance;	
13. NAME Some	14 130	mes	-	
	11. 1000	1		
14. BIRTHPLACE (city or town)	Desco	<i></i>	Neme of operation Date of	
(State of country)	giana		What test confirmed diagnosis? Was there en au	itopsy?
15. MAIDEN NAME Colegaber	24 Dans	ille	23. If death was due to external causes (VIOLENCE) fill in elso tha following:	
16. BIRTHPLACE (city or town)	derech		Accident, suicide, or homicide? Date of Injury	, 19
(State or country) Steam	yland	-	Whare did Injury occur?	
17. INFORMANT Samuel 9 (Addrass) 428 Mard	4. Bar	nes	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA	CE.
	Love		Menner of Injury	
Plate Salvoring Son	d Date &	4/,193/	Nature of injury	
19. UNDERTAKER Thomas. (Address) Frederic	To Bic	4	24. Was disease or injury In any way related to occupation of deceased?	
20. FILED 1 Sept. 198 1 Pra	Imel	July	(Signed)	M. D.
(Registrar.	(Address)	

If Wore blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc.—For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out particular kind of work done and return that, as spinner, weaver, etc.

stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street, car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Galls	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Or Brooks

1/	10796
PLACE OF DEATH	STATE OF MARYLAND
County Freder	CERTIFICATE OF DEATH
	Registration Dist. No. 177
Village or City Do Thurword -	St.: Ward) (If death occurred is a hospital or institution, give its NAME is stead of street an
2FULL NAME Many June	Oprugur number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Ibay) (Year)	that last saw h valive on 19/18", 1923,
7 AGE 6 yrs. 2 mos. 28 ds. or min.	B. The CRUSE OF DEATH WAS as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) yrs. mos/ O ds
9 BIRTHPLACE (State or country) Fruels (2) MI	Contributory Secondary (DGratiop) yrs mos ds
10 NAME OF FATHER ME Springer	(Signed) M. D. Brief M. D. D. M. D. D. M.
II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the lis ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Munerva Willed	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Fire deli Co Mu	At place of death yis mos. ds. State yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or usual residence
(Address) Musmont Ad	Thursmort Md Sept. 20, 1931
15 Filed Sept: 201931 Anna M. Jones	201 M DERTAKER Lillinde y Greger Musmoul
If more banks are needed, addre. Ltate Kegistr.	ar, 16 W. Saratoga St., Balto., Kequisting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from g ged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salcsman. (b) nature of the business or industry, and therefore an tion applies to cuch and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many single word or term on Grocery;

Statement of Cause of Death—Name, first, the DIS-() EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." stated unless important. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a dcfinite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY or intercurrent) affection need not be ess important. Example: Measles (disease Chronic etc. The valvular heart disease; Nomenclature of the contributory Macasles;

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	-Every item of information should be carefully supplied. ACE should	CIANS should state CAUSE OF DEATH in plain terms so that it may	40

PLACE OF DEATH

County Hreelruch	CERTIFICATE OF DEATH Registration Dist. No. / 4/
Village or City breaserstown (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Wate Single, Markeld, Widoweb. Markeld (Write the word)	September (Month) 14 (Day) 1931 (Year)
May 20 th, 1855 (Month) (Day) (Year)	17 1 HEREBY CERTIFY, That battended the deceased from 193/ to 29/2 13 , 193/ that I last saw here alive on Sept. 13 At , 193/, 193/
7 AGE If LESS than day hrs. day hrs.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Prostale gland (Durstion) yrs mos / 5 do.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondery
11 BIRTHPLACE OF FATHER (State or country) 12 State or country) 13 STATER (State or country)	(Signed)
12 MAIDEN NAME OF MOTHER Dille Leckhidde	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) Maryland	At place of death
(Informant) Asward Henry Laufe (Address) R. D. Yhurmon M.	Former or usual residence
15 Filed Sept 16-1931 anna M. Jones	MZ Ochryy Hon Thumow
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

10797

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., Without more province and mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospizal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Pyphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of American Medical Association.) approved by tetanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Whooping cough; (secondary Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as or intercurrent) affection need not be Committee on Nomenclature of the Chronic etc. valvular heart disease The contributory

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ouses (VIOLENCE) fill in also tha following:
Date of injury, 19
(Specify city or town, county and State) in INDUSTRY, in HOME, or In PUBLIC PLACE.
way related to occupation of deceased?
1 0
is a. Built a M.D.
is a. Quily of M.D.

(Address) _

Registrar.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	△ 1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	Jūly5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Chronic interstitial nephritis,		1921	Run over by street car	1 week ago
Cerebral hemorrhage	RURE	July 5,1927	Peritonitis	3 days ago
	- de			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
~				

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

De Bourne

STATE OF MARYLAND—CERTIFICATE OF DEATH state infor-1. PLACE OF DEATH Registration Dist. No. J O (If death occurred in a hospital or institution, give its NAME instead of street and number) MICIANS How long in U.S. if of foreign birth?_____yrs.____mos.___ Length of residence in city or town where death occurred. (a) Residence: No. St.. Ward If nonresideut give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (rufte the word) (Month) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY, That I attended decensed from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) properly to have occurred on the date stated above, at // So Cam 7. AGE Years Oays If LESS than I day. _min. Oate of onset 8. Trade, profession, or particular kind of work done, as SPINNER, of SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... may plnods CC 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this that occupation Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) supplied plain terms, FATHER 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis?. Was there an autopsy?..... MOTHER 15. MAIDEN NAME in important Accident, suicide, or homicide? CAUSE OF DEATH 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. pinous (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injur Nature of injury LION 19. UN OERTAKER (Address) If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

ARGIN

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Example I	epil	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	a 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		t	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	[86-a] 121=
tem of should of OCC	County Tre devils	Registration Dist. No. / 3/
item show	Village or City Moulevue Hospital	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
ery i	Length of residence in city or town where death occurred	/4 ds. How long in U.S. if of foreign birth?mos ds
E 40 E	2. FULL NAME John Thomas	
RD. Evr YSKCI.	(a) Residence: No. The densels Md.	St., 3. Ward. If nonresident give city or town and State
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
F. P.H.	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH ()
E.C.	Male White OR DIVORCED (rurite the word)	(Month) (Oay) , 193 (Year)
NDING YACTLY CLASSIFIED.	5a. If merried, widowed, or divorced HUSBANO of Parton	22. A I HEREBY CERTIFY, That I attended deceased from
BINDIN FERMANH EXACI y classifie	(or) WHEST Darah	Sept // 193/ to Sept 20 1931
	6. DATE OF BIRTH (month, day, and year) Dec 19, 1874	I last saw him alive on Sept 20
FOR B IS A PE stated E properly	7. AGE Years Months Oays If LESS than 1 dey, hrs.	to have occurred on the date stated above, at 2 . 1.5 A .m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
FOR IS A stated proper	Wee 1864 9 1 2 ormin.	were as follows:
- 70	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	(Monosmon)
RVE ould	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Presi O
RESERVED GINK—THIS AGE should be that it may be		
RES NG II AGE that	10. Oate deceased last worked et this occupation (month end year) 11. Total time (years) spent In this occupation 25	
ADING d. AG s, so the	12. BIRTHPLACE (city or town) Maryland, (State or country) 13. NAME Silas 3 lovuas	Other Coatribatory Cases of importance:
RGIN NFADI plied. rms, so	(State or country)	Jall -
C		
100	14. BIRTHPLACE (city or town) Lary a (State or country)	Name of operation Date of
WIT fully n pla		What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill In also the following:
INLY, WITT be carefully SATH in pla	15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Lacadant Oate of injury Selet 1719.31.
AINLY,	S (State or country)	Where did injury occur? Superity or town, county and State)
- part 1		Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
	(Address) World Hospital 18. BUBIAL, CREMATION, OR REMOVAL	Menner of injury Dodle Survey of Control
	19 My Olivet Gem Dek 23 181	Nature of injury
1-WRITE	19. UNDERTAKER Thomas Titoice	24. Was disease or injury in eny wey related to occupation of deceased?
6	(Address) Chredolat	If so, specify
w Z	20. FILED 22 Sept 193 / Josef bone Ruch	(Signed) De De La M.
2 4	Acginerar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
	a, may viamo are needed, address state to mental,	Agas at, Country Offices, Dulimore, Requesting U. 3, 190, 1.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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92- 93. O. Thomas.

S. No. 1

STATE OF MARYLAND	-CERTIFICA	TE OF DEATH	10892	
rederical	(20	Registration Dist. No	13/	
ty Dudnis aly Troft	NoNo	or institution, give its NAME instead	St., War	d
dence in city or town where death occurred yrs	_mos ds. How long in	U.S. if of foreign birth?yr	s ds	5.
ce: Noelliddletown (Usual place of abode)	St., Ward.	If nonresident give city	or town and State	

1. PLACE OF County 7 Village or C Length of resid 2. FULL NA (a) Residence PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4 COLOR OR RACE S. SINGLE MARRIED WIDOWED. OR DIVORCED (write the word) 193 (Month) (Year) 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from 22. (or) WIFE of 193/ 1900 6. DATE OF RIRTH (month, day, end year) If LESS than 7. AGE Months Days I day hrs The PRINCIPAL CAUSE OF DEATH and related causes of Importance or ... roln. Date of enset 8. Trade, profession, or particular NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc...... occur 10. Date deceased last worked et 11. Total time (yeers) this occupation (month and spent in this occupation Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? HER 15. MAIDEN NAME 23. If deeth was due to external causes (VIOLENCE) fill in also the following: MOT Accident, suicide, or homicide? 16. BIRTHPLACE (city er town (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, Manner of injury Nature of Injury 24. Wes disease or injury in any wey related to occupation 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address) _________

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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E	xample I		Example II	
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Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	LIGHTER BALL SU	July 5,1927	Peritonitis	3 days ago
		K		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10893

-	County Frederick			Registration Dist. No. / 2/2			
/	Village or City Frederick		WANTED EITHER	NoSt.,Wa			
		4 ath occurred		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?			
2	2. FULL NAME Franklin St	ephen T	inney.				
	(a) Residence: No. 12 Hamilto	On Ave. (Usual place	of abode)	St., Ward. If nonresident give city or town and State			
	PERSONAL AND STATISTIC	AL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married				21. DATE OF DEATH September 22nd. 1 (Month) (Oay) (Yeer)			
5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of Lillian R. Blumenauer				22. Siph. 2 2 19 31 to Sept. 2 2 19 31			
5.]	Mac DATE OF BIRTH (month, day, and year)	y 21, 1	883	I last saw han alive on Specific 22, 19 31; death is sa			
. 4	AGE Years Months	0 ays	If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Oate of one			
1	8. Trado, profession, or particular kind of work done, as SPINNER, FOR SAWYER, BOOKKEEPER, etc.	man					
1	9. Industry or business in which work wes done, es SILK MILL, COX SAW MILL, BANK, etc	orete B	lock Fact.	Coronary Herombous 12 hr.			
3	10. Dato deceased last worked et this occupation (month and year)	SD5	lime (years) ent in this upation				
12.	. BIRTHPLACE (city or town)	nd		Other Coatribatory Cases of importance:			
۲,	13. NAME Patrick Tinney.						
FAIHER	I4. BIRTHPLACE (city or town)	_		Name of operation			
2	15. MAIDEN NAME Louisa Hal	wettle.		What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?			
MOTHER	16. BIRTHPLACE (city or town) (Stete or country)			23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?			
17.	Mrs. Harry Tinne INFORMANT Frederick, Mic (Address)	y.					
18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem. Fredate Sept. 25, 19 31 M. R. Etchison & Son. 19. UNOERTAKER Frederick, Md. (Address)				Manner of injury Nature of injury			
				24. Wes disease or injury in any way related to occupation of deceased? Lo			
20.	FILEDOLY-Settenders 21 drag	mee	Registrar.	(Signed) Bollows M (Address) France M			

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		ь		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI
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V. S. No. 1

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)	PHYSI-
WRITE PL. ALY, WH UNFADING INK-THIS IS A PERMANF TO CORD	-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	of o
A.N.E	d be
PER.Y.	Ehoule it ma it on b
A	CE
IS	so t uct
-THIS	ppiled terms e instr
INK	plain pr. Se
OING	H in
FAL	EAT imp
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E	n o loul
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1PLACE OF DEATH	10894 STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
	Registration Dist. No. 132
Village or City Buspittswille (No.	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME James Wall	tion, give its NAME I: -
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH CIA- OC
Male White WIDOWED. FOR DIVORCED (Write the word)	(Month) (Day) / 1930 (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
march 8, 1855	1928 . to 30 , 1925
(Month) (Day) (Year)	that I last saw hi M. alive on Salar 1923,
7 AGE If LESS than	and that death occurred on the date stated above, atm,
7 / yrs. 6 mos. 2 3 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	
(a) Trade, profession or Petrical Farmer	MARILDA LUDIO
(b) General nature of industry	Working Children
business, or establishment in which employed or (employer)	(Duration) yrs. de.
SIRTHPLAGE	Contributory 9111111 + TIMPLET
(State or country)	Secondary Duriton A A yrs mos de.
10 NAME OF 2	NAMILIA STANKIGA
FATHER Unknown	(Signed). M. D.
OF FATHER	*State the listaso Causing Death, or, in deaths from
Z (State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
T 12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place
OF MOTHER (State or Country)	of deathyrsds. Stateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
41 +2100	Former or usual residence
(Informant) To has J. Wallace	19 PACE OF BURIAL AR REMOVAL DATE OF BURIAL
(Address) Benkillayillem	Hosaut Dien Bot 4, 1984
15 Filed Get 3 ad 1931 Do Grayon Quel	20 UNDERTAKER Pladrels Middlehum
if more b.anks are needed, addre.s Ltate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when necded. As examples: (a) fulness of various pursuits ean be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day (b) For persons who have no occupation Automobile factory. The material Laborer-Coal mine, etc. Womsingle word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EA LOUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on (Recommendations on statement of cause of "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. inges, perilonaeum, etc., Carcinoma, Sareoma, etc., of telanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mcrely symptom-Chronic interstitial nephritis, Whooping eough; use of "Tumor" (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fraeture of skull, and consequences (e.g., sepsis, diseases (secondary Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage as or intercurrent) affection need not be ess important. Example: Measles (disease for malignant neoplasms); Chronie valvular heart disease; etc. The contributory Nomenclature of the Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10895
1. PLACE OF DEATH .	(23)
/ County Frederick	Registration Dist. No. 134
Village or City Englithery	No. St. Josepho College St., Ward
\/	death occurred in a Mespital of institution, give its NAM Christead of street and number) ds. How long in U.S. if of foreign birth?yrsmos ds.
Length of residence in thy of town where death occurred the system of th	
2. FULL NAME Desler Votherine Veron	iea Walsh
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIEO, WIDOWED,	21. DATE OF DEATH
Female white OR DIVORCED (write the word)	Dept - 193/
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 19.3 C, to September 19.3 C
5. DATE OF BIRTH (month, day, and year) July 5 - 1905	1 Jast saw h 22 alive on Seff- 16 1981; death is said
7. AGE Years Months Jays If LESS than	to have occurred on the date stated above, at 10'5. m.
26 2 12 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Pulmona tuhreulon 1929
kind of work done, as SPINNER, Seales of Charity	
9. Industry or business in which work was done, as SILK MILL, Veluaious	
SAW MILL, BANK, etc	
this occupation (month and 7/1 31 spent in this 4 year)	
P. + 41	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) I or Various (State or country)	Julium Mas
13. NAME Edward Walsh	
D +- +1	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Catherine Scarlon	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16 RIRTHPLACE (city or town) Portamouth	Accident, suicide, or homicide?Oate of Injury
16. BIRTHPLACE (city or town)	Where did Injury occur?
So Beree & Oudorke	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT DE CHILDREN (Address)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Fruitslung wet Oate Defot. 17, 19 St	Nature of injury
19. UNDERTAKER W. J. Shuff f.	24. Was disease or injury in any way related to occupation of deceased?
(Address) - funtaling fred	If so, specify
20. FILED Se 17 9, 1931 11 7 1 mill	(Signed) (Address) I have the first of Italy
If more blanks are needed Maress State Resistrar	2411 N. Charlet Street. Baltimore. Requesting Q. S. No. 7.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-3	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	uses Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis BURRAU Y	-1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

PLACE OF DEATH County Frederick	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City State Sang No. Torum 2FULL NAME RUSSELL	Registration Dist. No. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Sept. 19 31
May 20, 1909 (Month) (Day) (Year)	17 HEREBY CERTIFY, That I attended the deceased from 1923, to left 9, 1923, that I last saw h Malive on left 9, 1923,
9 AGE 2 2 yrs. 3 mos. 9 ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work pa	and that death occurred on the date stated above, at
business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Ward	Contributory Secondary L(Duration) Vis. mos ds.
10 NAME OF FATHER Woody Webster 11 BIRTHPLACE OF FATHER (State or country) Maryland.	(Signed) 1983! (Address) Late Sanatorum mo *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER DELLA. Gibron 13 BIRTHPLACE OF MOTHER (State or Country) Maryland.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs. 2 mos. 5 ds. Where was disease contracted, 10 ds.
(Informant) W. a. Garager Md.	Former or usual residence 933 Eastern ave. Balto Ma
(Address) Lla 6 DOM Raloum.	Battime Md. 19. 19. 20 UNDERTAKER ADDRESS Md. Thurmont
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective or Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on max form part of the second statement. Never return "Labber," "Foreman," "Manager," "Dealwhatever, write None. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Form laborer, Loborerwithout more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DIS, EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the American Medical Association.) tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY (secondary or intercurrent) affection need Whooping Never report mere symptoms or terminal condicough; Chronic valvular heart disease; nephritis, etc. The contributory Example: Measles (disease contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

R. Every item of infor-	TIYSICIANS should state	Exact statement of OCCUPA-	/
IS A PERMANENT	stated EXACTL	properly classified.	certificate.
-WRITE PLAINE, WITH NFADING INK-THIS IS A PERMANENT R. K. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. AIVSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
-WRITE PLAINEL,	mation should be car	CAUSE OF DEATH	TION is very importa

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10897
1. PLACE OF DEATH	93-E
county trederich	Registration Dist. No. / I
Village or City J Xummout	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
OD I MAN	1
2. FULL NAME Chan	
(a) Residence: No.	St., Ward. If nonresident give city or town and State
(Usuai place of abode)	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (write the Mird)	Seht. 2 193
male white married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of ama S. Ollle	Oct, 1928, 10 Sept. 2 1931
6. DATE OF BIRTH (month, day, and year) Sept. 22-1865	1 last saw h in alive on Seld-2 1931; death Is said
7. AGE Years Months Days It LESS than	to have occurred on the date stated above, at 1/3 m.
1 / 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as tollows:
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	- Ct -: burg ditis 1928
9. Industry or business in which	
work was done, as SILK MILL, Stationers	
10. Date deceased last worked at this occupation (month and 1916 11. Total time (years) spant in this	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Differ Country Cases of Importances
(State or country)	
II 13. NAME Simon beller	
13. NAME THE LACE (city or town).	Name of operation None Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
E IS. MAIDEN NAME CINCA C. DEAMLE	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? 20 Date of injury 19 19
State or country)	Where did injury occur?
mallenna Terrio	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place V. B. Chumonate Sept 5 1931	Nature of injury
m & P	24. Was disease or injury in any way related to occupation of deceased? No
19. UNDERTAKEN (Address)	if so, specify
C 1 201	(Signed) (A. J. J. M. D. M. D.
20. FILED Depo. 3 , 193 / Warra M. Jones	(Address) January A.d.
Registrar.	N. C. L. P. L. P. L. S. C. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	R FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

FOR

RESERVED

ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I The principal cause of death and related causes of importance were as follows: Data of onset			Example II	
			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	007 8 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	UREAU V.	July 5, 1927	Peritonitis	3 days ago
•	r			
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH state infor 1. PLACE OF DEATH pluods Registration Dist. No. of (If death occurred in a hospital or institution, give its NAME instead of street and number) HYSICIANS How long In U.S. If of foraign birth? yrs. mos. Langth of residence In city or town where death occurred ument Ward. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) 193 / (Day) (Year) classified. 5a. If married, widowed, or divorced HUSBAND of ERTIFY, That I attended deceased from (or) WIFE of Ø 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months Days If LESS than to have occurred on the data stated Wove, at 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance 0 or min. were as follows: Date of onset 8. Trada, profession, or particular kind of work done, as SPINNER, 0 SAWYER, BODKKEEPER, etc. may 9. Industry or business In which should work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at 11. Total time (years)
spent in this this occupation (month and that yaar) occupation instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) supplied. terms, FATHER 13. NAME See 14. BIRTHPLACE (city Name of oparation. plain efully (State or country) What test confirmed diagnosis? Was there an aulopsy?..... MOTHER 15. MAIDEN NAME 23. If death was due to extarnal causes (VIOL ENCE) fill in also tha following: in important car DEATH 16. BIRTHPLACE (city or town) (Stata er country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. should 17. INFORMANT very OF (Addrass) 18. BURIAL, CREMATION, OR REMOVA Manner of injury CAUSE mation TION Natura of injury..... 24. Was disease or Injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify __ Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

RGIN

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Example I		Example II	
The principal cause of death and related of importance were as follows:	auses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BEREAU	V. S July 5, 1927	Peritonitis	3 days ago
j			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN